



## CCUSA Conditions

	<b>Economy Plan</b>	<b>Premium Plan</b>
Policy Maximum	\$100,000	\$1,000,000
Deductibles:	\$100 per injury/ illness	\$0 per injury/ illness
ER Deductible	\$250	\$250
Accident/ Sickness	100%	100%
Prescriptions	100%	100%
Ambulance:	100%	100%
Dental:	Accident – 100% Acute Onset– \$200 limit	Accident – 100% Acute Onset– \$200 limit
Medical Evacuation:	100%	100%
Repatriation of Remains:	100%	100%
Accidental Death and Dismemberment:	\$15,000	\$15,000
Trip Interruption:	100%	100%
Sports Coverage	Contact Sports \$5,000 Non-Contact Sports 100%	Contact Sports \$5,000 Non-Contact Sports 100%
Travel Assistance	Included	Included
Maternity	Complications during the first 26 weeks only	Complications during the first 26 weeks only
Physical Therapy	\$50 Maximum per Visit	\$50 Maximum per Visit
Emergency Reunion	100%	100%
Pre-existing Condition	Acute Onset \$1,000	Acute Onset \$1,000
Lost Checked Luggage	No Coverage	\$1,500
Personal Liability	No Coverage	\$200,000

## **Plan Detail**

All benefits, except Accidental Death & Dismemberment and Lost Checked Luggage are subject to the Deductible.

### ***Accident/ Sickness Coverage***

1. Inpatient and Outpatient charges made by a Hospital.
2. Charges made by a Physician, surgeon, radiologist, anesthesiologist, and any other medical specialist to whom the Physician has referred the case.
3. Charges made for dressings, sutures, casts or other supplies prescribed by the attending Physician or specialist, but excluding nebulizers, oxygen tanks, diabetic supplies and all devices for repeat use at home.
4. Charges for diagnostic testing using radiology, ultrasonographic or laboratory services.
5. Charges for oxygen and other gases and anesthetics and their administration.
6. Charges for prescription drugs for treatment of a covered Injury or Illness, but not for the replacement of lost, stolen, damaged, expired or otherwise compromised drugs.
7. Charges made by a licensed Extended Care Facility upon direct transfer from an acute care Hospital.
8. Emergency local ambulance transport incurred in connection with Injury or Illness (must result in inpatient hospitalization if illness).

All benefits are based on Usual, Reasonable and Customary charges. Hospital Room and Board is based on the Average Semi-private room and board rate.

### ***Emergency Room Deductible***

Emergency Room treatment will be covered for any illness or injury where a true emergency exists. A \$250 deductible will apply for use of the emergency room for illness or injury where treatment can safely be obtained from a physician during normal office hours of a primary care physician or an urgent care center.

### ***Emergency Dental***

The following Emergency Dental expenses are covered: Emergency Dental treatment and Dental surgery necessary to restore or replace sound natural teeth lost or damaged in an Accident which is covered under this insurance subject to the Overall Maximum Limit; and Emergency Dental treatment necessary to resolve acute, spontaneous and unexpected onset of pain subject to a maximum benefit of \$200.

### ***Emergency Medical Evacuation***

If recommended by your attending Physician, who certifies that Evacuation is necessary to safeguard your life and that Medically Necessary treatment is not available locally, and if approved in advance and coordinated by HCC Medical Insurance Services, the Work and Travel Insurance Services Plan will provide the following benefits: Emergency air and/or ground transportation to the nearest Hospital that is qualified to provide the Medically Necessary treatment.

### **Repatriation of Remains**

In the event of a covered Injury or Illness resulting in a member's death, the Work and Travel Insurance Services Plan will provide the following benefit: Air and/or ground transportation of bodily remains or ashes to the area of the member's Principal Residence, and reasonable costs of preparation of remains necessary for transportation.

### **Accidental Death and Dismemberment**

In the event of your Accidental Death (except while travelling on a common carrier) or Dismemberment resulting from a covered Injury, the Work and Travel Insurance Services Plan will provide the following benefit:

- Accidental Death – Principal Sum to the Beneficiary
- Loss of 2 eyes or 2 or more limbs – Principal Sum to the member
- Loss of 1 eye or 1 limb – One Half of the Principal Sum to the member

<b>Age</b>	<b>Principal Sum Economy Plan</b>	<b>Principal Sum Premium Plan</b>
14 days to 17 years	\$5,000	\$5,000
18 to 69	\$15,000	\$15,000

The Accidental Death and Dismemberment benefit is not available for losses incurred during participation in a Hazardous Sport or in respect to losses resulting from an Act of Terrorism.

The Beneficiary for members age 18 or older will be as follows:

1. Spouse (if any) 2.Children (if any) 3.Estate of the member.

The Beneficiary for members under age 18 will be as follows:

1. Custodial Parent(s) 2.Siblings (if any) 3.Estate of the member.

### **Trip Interruption**

1. If, after you have departed, a member of your group learns of the death of a parent, spouse, sibling or child, or learns of the substantial destruction of his or her Principal Residence by fire or weather, the Work and Travel Insurance Services Plan will provide the following benefit: The cost of an economy one way air and/or ground transportation ticket for the member to the area of his or her Principal Residence; or
2. If, following a covered Emergency Medical Evacuation, the attending Physician states that it is Medically Necessary for the member to return to his or her Home Country or to the area from which he or she was initially evacuated for continued treatment, recuperation and recovery, the Work and Travel Insurance Services plan will provide the following benefit: The cost of a one-way economy air and/or ground transportation ticket for the member's transportation from the area where he or she was hospitalized following the Emergency Medical Evacuation, to the area where he or she was initially evacuated from, or to the terminal serving the area of the member's Principal Residence.

## ***Sports Coverage***

Coverage is included for recreational football, soccer and rugby to a limit of \$5,000. Recreational non-contact sports are covered at 100% to the plan maximum. Recreational sports are undertaken solely for leisure, entertainment or fitness purposes unless otherwise excluded. Please refer to exclusion number 17 in the plan exclusions for more information.

## ***Travel Assistance Services***

The following travel Assistance Services are available to you 24 hours a day, 7 days a week while your plan is in effect:

- Pre-trip Health and Safety Advisories (available after the participant is registered, but before their departure) – call us for current passport, visa, inoculation and vaccine requirements as well as for up-to-date travel safety advisories.
- Livetravel Services – we will make emergency travel and itinerary changes for you including rebooking flights, hotel reservations and ground transportation arrangements.
- Bagtrak – we are the industry leaders in tracking lost, checked baggage. We will help you locate your lost checked baggage and deliver it to you anywhere in the world.
- Emergency Message Relay – we will relay messages to your family, friends and co-workers, helping you to maintain contact during an emergency.
- Emergency Cash transfers – we will assist you in arranging and obtaining cash transfers anywhere in the world.
- Other important services include:
  - Medical referrals
  - Up-to-the-minute travel medical advisories
  - Assistance with prescription drug replacement
  - Dispatch of a doctor or specialist
  - Emergency travel arrangements for family members
  - Lost passport or travel documents assistance
  - Embassy and consulate referrals
  - Legal and accounting referrals
  - Bail bond assistance
  - Translation and interpretation assistance

## ***Complications of Pregnancy***

Treatment of Complications of Pregnancy during the first 26 weeks of Pregnancy is covered under this insurance. Complications of Pregnancy is defined as: Illnesses whose diagnoses are distinct from Pregnancy, but are adversely affected by Pregnancy or caused by Pregnancy, and not associated with a normal Pregnancy. This includes: ectopic Pregnancy, spontaneous abortion, hyperemesis gravidarum, pre-eclampsia, eclampsia, missed abortion and conditions of comparable severity.

## ***Physical Therapy***

Physical Therapy benefits are limited to \$50 per visit. Physical Therapy must be prescribed by a physician not affiliated with the Physical Therapy practice and necessarily incurred to continue recovery from a covered illness or injury.

### ***Emergency Reunion***

In the event of a covered Emergency Medical Evacuation, a serious acute illness or a serious injury, the Work and Travel Insurance Plan will provide the following benefits: The cost of an economy round-trip air and/or ground transportation ticket for one of the member's relatives (parent, spouse, sibling or child age 18 or older) for transportation to the area where the member is hospitalized and reasonable expenses for lodging and meals for the relative in not to exceed \$300 per day to a maximum of 20 days. Only one reunion per insured will be covered.

### ***Acute Onset of a Pre-existing Condition***

An Acute Onset of a Pre-existing Condition is a sudden and unexpected outbreak or recurrence of a Pre-existing Condition which occurs spontaneously and without advance warning either in the form of Physician recommendations or symptoms. Treatment must be obtained within 24 hours of the sudden and unexpected outbreak or recurrence.

### ***Lost Checked Luggage***

In the event a member's checked luggage is permanently lost by the transportation provider, the Work and Travel Insurance plan will provide the following benefit: Up to \$750 for replacement of clothes and personal hygiene items, not to exceed \$50 for any one item. The member must file a formal claim with the transportation provider and provide the Plan Administrator with copies of all claim forms and proof that the transportation provider has paid its normal reimbursement for the lost checked luggage.

### ***Personal Liability***

The plan will pay or reimburse an Insured Member for eligible court-entered judgments or Company-approved settlements arising as a result of or in connection with the personal liability of the Insured Member incurred for acts, omissions and other occurrences covered under this insurance for losses or damages solely, directly and proximately caused by the negligent acts or omissions of the Insured Person during the Period of Insurance that result in the following:

- 1 Injury to a Third Person occurring during the Period of Insurance, subject to the limits and sub-limits set forth in the Policy, or
- 2 Damages or loss to a Third Person's personal property during the Period of Insurance, subject to the limits and sub-limits set forth in the Policy, or
- 3 Damage or loss to a Related Third Person's personal property during the Period of Insurance, subject to the limits, sub-limits, and deductibles set forth in the Policy.

## Plan Exclusions

The following charges, treatments, surgeries, medications, conditions and circumstances are excluded:

1. Pre-existing Conditions – Charges resulting directly or indirectly from any Pre-existing Condition are excluded from this insurance. A Pre-existing Condition is any Illness, Injury or medical condition or chronic or recurring Illness or Injury or medical condition, including any associated complications or consequences, which existed at or during the 12 months immediately preceding your Effective date.
2. Treatment for or related to any congenital condition.
3. Routine pre-natal care, childbirth, care of newborns, post-natal care, birth control, artificial insemination, infertility, impotency or sexual dysfunction, sterilization or reversal thereof.
4. False labor, edema, prolonged labor, prescribed rest during the period of Pregnancy, morning sickness and conditions of comparable severity associated with management of a difficult Pregnancy, and not constituting a medically distinct Complication of Pregnancy, and all charges related to Pregnancy after the 26th week of Pregnancy are excluded.
5. Mental Health Disorders unless prescribed by the treating physician in connection with emergency relief.
6. Substance Abuse.
7. Charges which are not incurred during the Certificate Period or the applicable Benefit Period, and charges which are not presented to Underwriters for payment within 60 days from the end of the Certificate Period or the applicable Benefit Period.
8. Not Medically Necessary and administered or ordered by a Physician.
9. Provided at no cost, by a family member, or by a person who ordinarily resides with you, or which are attributable to or recoverable from any other party including government-sponsored plans.
10. Charges which exceed Usual, Reasonable and Customary.
11. Investigational, Experimental or for Research purposes.
12. While confined primarily to receive Custodial Care, Educational or Rehabilitative care.
13. Venereal Disease, AIDS or ARC.
14. Treatment by a Chiropractor.
15. Diseases of the skin.
16. Dental treatment, including treatment of the temporomandibular joint, except for Emergency Dental treatment necessary to replace sound natural teeth lost or damaged in an Accident covered hereunder or for the relief of acute, spontaneous and unexpected onset of pain.
17. Eyeglasses, vision exams, contact lenses, hearing tests, hearing aids, hearing implants, eye refraction, visual therapy, orthoptics or visual eye training or eye surgery (including cataract surgery and radial keratotomy) or for any examination or fitting related to these devices or procedures.
18. Injury sustained while taking part in the following activities: Amateur or professional sports or athletics or Amateur sports or athletics which are non-contact and undertaken solely for leisure, recreational, entertainment or fitness purposes unless such sports or athletics are otherwise excluded by this provision. The following are excluded: Mountaineering where ropes or guides are normally used or at elevations of 4,500 meters or higher. Aviation, except when traveling solely as a passenger in a commercial aircraft. Hang gliding, sky diving, parachuting or bungee jumping; Snow skiing or snowboarding, except for recreational downhill and/or cross-country snow skiing or snowboarding (no cover provided whilst skiing away from prepared and marked in-bound

- territories and/or against the advice of the local ski school or local authoritative body); Racing by any animal or motorized vehicle; and spelunking; and subaqua pursuits involving underwater breathing apparatus unless NAUI/PADI certified, accompanied by a certified instructor, and at depths of less than 10 meters; jet skiing; and any other sport or athletic activity which is undertaken for thrill seeking and exposes you to abnormal or extreme risk of injury.
19. Injury sustained while under the influence of or due wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with treatment prescribed and directed by a Physician but not for the treatment of Substance Abuse.
  20. Willfully self-inflicted Injury or Illness and immunizations and Routine Physical Exams.
  21. The Deductible, Coinsurance and charges which are not included as Eligible Expenses as described in the Master Policy, and charges which exceed the limits set forth in the Schedule of Benefits and Limits.
  22. Treatment required as a result of complications or consequences of a treatment or condition not covered hereunder.
  23. Charges for travel or accommodations, except as provided for in the Local Ambulance, Emergency Medical Evacuation, Repatriation of Remains, Emergency Reunion and Trip Interruption sections of this insurance.
  24. Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).
  25. Organ or tissue transplants or related services.
  26. Acts of Terrorism, except as provided for herein, war, insurrection, riot or any variation thereof.

This is a summary of exclusions. For more details, or for a complete copy of the Master Policy please contact us.

### ***Pre-notification Requirements***

All Hospitalizations, Surgeries, Emergency Evacuations, Emergency Reunions, Trip Interruptions, Repatriation of Remains, Computerized Tomography (CAT Scan) and Magnetic Resonance Imaging (MRI) must be Pre-notified. Simply call, or have your Physician call, HCC Medical Insurance Services with all information relative to your claim. If you do not Pre-notify, medical expenses will be reduced by 50% and all other expenses will be forfeited.

*This document is a consolidated summary of the plan benefits and exclusions, please contact us for a full copy of the master insurance policy.*